

## IP Request Form

UNITED STATES MARINE CORPS FY 2003 INFORMATIONAL PROGRAM EVENT AFTER ACTION REPORT		DATE OF REPORT: _____		COMMAND: _____						
EVENT NUMBER: _____		SCHOOL: _____		REQUESTER: _____						
EVENT TITLE: _____		TELEPHONE: _____		FACSIMILE: _____						
EVENT DATE(S): _____		EMAIL ADDRESS: _____								
NARRATIVE DESCRIPTION OF EVENT	OW ACTIVITIES BY NUMBER	IMSA	ESCORTS	GUESTS	NO COST	TRAVEL (\$)	LODGING (\$)	MEALS (\$)	OTHER COSTS (\$)	DESCRIBE "OTHER" COSTS
<p><b>Narrative Description</b></p> <p>1. Considerations &amp; M of Rights</p> <p>2. Local State &amp; Federal Government Institutions</p> <p>3. Global &amp; Military School Systems</p> <p>4. Public Perception</p> <p>5. Media</p> <p>6. American Family &amp; Community Life</p> <p>7. Other &amp; other activities</p> <p>8. Military/Environmental Protection/Signature</p> <p>9. Economy</p> <p>10. Law &amp; Law Management Initiatives</p> <p>11. Education</p> <p>12. Public &amp; Social Welfare</p>	<p><b>IP Types - Objectives (from original request)</b></p> <p>1. Considerations &amp; M of Rights</p> <p>2. Local State &amp; Federal Government Institutions</p> <p>3. Global &amp; Military School Systems</p> <p>4. Public Perception</p> <p>5. Media</p> <p>6. American Family &amp; Community Life</p> <p>7. Other &amp; other activities</p> <p>8. Military/Environmental Protection/Signature</p> <p>9. Economy</p> <p>10. Law &amp; Law Management Initiatives</p> <p>11. Education</p> <p>12. Public &amp; Social Welfare</p>	<p><b>IMSA</b></p> <p>number of IMSA that actually participated in IP event.</p>	<p><b>Escorts</b></p> <p>number of escorts that actually accompanied IMSA on this IP event.</p>	<p><b>Guests</b></p> <p>number of guests that actually participated in this IP event.</p>	<p><b>No Cost</b></p> <p>in this IP event.</p>	<p><b>Travel</b></p> <p>Travel costs are for IMSA and escorts only; guest travel is not included.</p>	<p><b>Lodging</b></p> <p>Helping for each location of each participant resident. Cost of lodging is included in each line item.</p>	<p><b>Meals</b></p> <p>Meals are included in each line item.</p>	<p><b>Other Costs</b></p> <p>"Other" items associated with this IP event as shown on the settlement voucher. Costs for each item must be listed separately.</p>	<p><b>Description of "Other" Costs</b></p> <p>Provide a brief description of each item listed on the settlement voucher.</p>
<b>TOTAL COST</b>										

  

Narrative Comments	
<p>1. This report must be submitted by the Command International Military Student Officer within 30 days of event completion or immediately upon receipt of final settlement voucher, whichever is sooner. If receipt of final settlement voucher precludes submission of this report within the 30 day window, the International Military Student Officer must notify the Coalition and Special Warfare Center IP Manager and request an extension.</p> <p>2. International Military Student Officer must attach copies of all orders issued in association with this IP event as well as copies of all final settlement vouchers. International Military Student Officer may attach any photographs, press clippings, or articles that document this event.</p> <p>3. This report must be transmitted electronically (via attachments) to Coalition and Special Warfare Center's IP Manager and Budget Analyst. Hard copy of report with all attachments must be mailed to: Director, Coalition and Special Warfare Center, Attn: IP Manager, Training and Education Command (C466), 3300 Russell Road, Quantico, VA 22134-5001.</p> <p>4. International Military Student Officer must include a narrative evaluation of the completed IP event. Narrative should highlight how event met its planned IP objectives. IMS comments may be included as a part of the narrative comments provided. Additional sheets may be utilized if required.</p>	
<p>International Military Student Officer</p>	

<b>UNITED STATES MARINE CORPS</b> <b>FY 2003 INFORMATIONAL PROGRAM</b> <b>EVENT REVIEW</b>		DATE OF REQUEST: _____  COMMAND: _____ SCHOOL: _____ REQUESTER: _____ TELEPHONE: _____ FACSIMILE: _____  E-MAIL ADDRESS: _____																		
EVENT NUMBER: _____  EVENT TITLE: _____  EVENT DATE(S): _____	Date: _____  From: Informational Program Manager, Coalition and Special Warfare Center To: International Military Student Officer. Subj: INFORMATIONAL PROGRAM (IP) FUNDING FOR EVENT # _____ Ref: (a) SECNAVINST 4950.4A, Joint Security Assistance Training Regulation 1. The requested IP event has been reviewed in accordance with the reference. Disposition is as follows: _____ The event is approved as requested. Appropriation data is provided below. _____ The event is approved as requested as a no cost IP event. Appropriation data is not required or provided. _____ The event is approved, however, funding for the following activities is not approved. Listed activities do not meet the requirements for IP as outlined in the reference. Appropriation data for approved activities is provided below.																			
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;">Disapproved Activity</th> <th style="width: 40%;">Amount</th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> </tbody> </table>			Disapproved Activity	Amount	_____	_____	_____	_____	_____	_____	_____	_____								
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Informational Program Manager Coalition and Special Warfare Center																				
<b>ACCOUNTING INFORMATION</b>																				
Appropriation Data: AA 173 1106 27MD 008 80264.8 897443 20 80IP/Last two numbers of TON/ M0000120IP/Last two numbers of TON/	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;">TON</th> <th style="width: 40%;">Amount</th> </tr> </thead> <tbody> <tr><td>Transportation</td><td>_____</td></tr> <tr><td>Class A Agent Event Expenses (lodging, meals, other)</td><td>_____</td></tr> <tr><td>Class A Agent Incident Expenses</td><td>_____</td></tr> <tr><td>Additional Escort</td><td>_____</td></tr> <tr><td>Additional Escort</td><td>_____</td></tr> <tr><td>Additional Escort</td><td>_____</td></tr> <tr><td colspan="2" style="text-align: right;">Total (funding not to exceed)</td></tr> <tr><td colspan="2">_____</td></tr> </tbody> </table>		TON	Amount	Transportation	_____	Class A Agent Event Expenses (lodging, meals, other)	_____	Class A Agent Incident Expenses	_____	Additional Escort	_____	Additional Escort	_____	Additional Escort	_____	Total (funding not to exceed)		_____	
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Date: _____ Notice <div style="border: 1px solid black; padding: 5px; font-size: small;">           Claims for expenses associated with this IP event must be submitted for settlement not later than five working days after completion of event. Copies of final settlement must be provided to Coalition and Special Warfare Center immediately upon receipt. Failure to submit timely claims or provide copies of final settlement may jeopardize funding for future IP events.         </div>																				
Budget Officer/Budget Analyst Coalition and Special Warfare Center																				

FIP: M00001 F0 14 0N 2100 V3M0 CSWC W02 A

UNITED STATES MARINE CORPS  
 FY 2003 INFORMATIONAL PROGRAM  
 EVENT AFTER ACTION REPORT

DATE OF REPORT: \_\_\_\_\_

COMMAND: \_\_\_\_\_

SCHOOL: \_\_\_\_\_

REQUESTER: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

FACSIMILE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

NARRATIVE DESCRIPTION OF EVENT	OBJECTIVES by number	IMSS	ESCORTS	GUESTS	NO COST	TRAVEL (\$)	LOGGING (\$)	MEALS (\$)	OTHER COSTS (\$)	DESCRIBE OTHER COSTS	
<p><b>Narrative Description</b></p> <p>1. Location: 1. Name of Region</p> <p>2. Location: 2. Name of Region</p> <p>3. Location: 3. Name of Region</p> <p>4. Location: 4. Name of Region</p> <p>5. Location: 5. Name of Region</p> <p>6. Location: 6. Name of Region</p> <p>7. Location: 7. Name of Region</p> <p>8. Location: 8. Name of Region</p> <p>9. Location: 9. Name of Region</p> <p>10. Location: 10. Name of Region</p> <p>11. Location: 11. Name of Region</p> <p>12. Location: 12. Name of Region</p>											
<p><b>Totals</b></p>											
										TOTAL COST	\$0

**Directions for Submission**

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4. International Military Student Officer must include a narrative evaluation of the completed IP event. Narrative should highlight how event met its planned IP objectives. IMS comments may be included as a part of the narrative comments section. Additional comments may be utilized if warranted.

**Narrative Comments**